

**Application Data Sheet****Application Information**

Application number:: TBA  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: NONE  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: YES  
Computer Readable Form (CRF)?:: YES  
Number of copies of CRF:: 1  
Title:: **DIAGNOSTICS AND THERAPEUTICS  
FOR DISEASES ASSOCIATED WITH  
G PROTEIN-COUPLED RECEPTOR 85 (GPR85)**  
Attorney Docket Number:: 004974.01116  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefan  
Family Name:: GOLZ  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Bückmannsmühle 46  
City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Ulf  
Family Name:: BRÜGGEMEIER  
City of Residence:: Leichlingen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Leysiefen 20  
City of mailing address:: Leichlingen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Family Name:: GEERTS  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schuckerstr. 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Holger  
Family Name:: SUMMER  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Katernberger Schulweg 3  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

## **Correspondence Information**

Correspondence Customer Number:: 22907

## **Representative Information**

Representative Customer Number:: 22907

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/011808	19 October 2004

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	03025071.6	31 October 2003	Yes

## **Assignee Information**

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: GERMANY

Postal or Zip Code of mailing address:: 51368